

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of Rancho Cordova			
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Stacy Leitner, City Clerk			
Area Code/Phone Number	E-mail		
(916) 851-8805	sleitner@cityofranhocordova.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 30.00

Event Description: CCC Volunteer Awards Date(s) 3 / 11 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

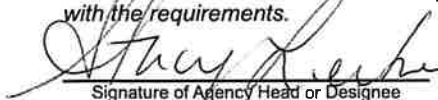
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Communications	1	Section V: 5, 8, 12
City Manager	3	Section V: 5, 8, 12
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Gatewood, Garrett	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Section V: 5, 8, 12
Pulipati, Siri	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Section V: 5, 8, 12
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Stacy Leitner City Clerk 3/25/22
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Print

Clear